

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ well gas ☐ well other ☐ Dry
2. NAME OF OPERATOR
Kerr-McGee Corporation
3. ADDRESS OF OPERATOR
P. O. Box 250; Amarillo, Texas 79189
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FSL & 660' FWL
AT TOP PROD. INTERVAL: 1650' FSL & 660' FWL
AT TOTAL DEPTH: 1650' FSL & 660' FWL
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☒

5. LEASE
N00-C-14-20-2947
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo
7. UNIT AGREEMENT NAME
N/A
8. FARM OR LEASE NAME
Navajo 35
9. WELL NO.
1-35
10. FIELD OR WILDCAT NAME
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 35, T27N, R15W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
N/A
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5692 DF; 5694 KB; 5680 GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

3-1-80 Spud
3-2-80 Ran 8 jts. 9 5/8", 32.30#/Ft., H-40, ST&C Csg. Guide Shoe
Set @ 320'. Cemented w/400 sx C1 "B" Cement w/2% CaCl & 1/4# flocele P/S
3-12-80 TD
3-13-80 Logged
3-14-80 Plugged as follows:
50 sx C1 "B" Cement from 4530-4380
50 sx C1 "B" Cement from 3310-3260
50 sx C1 "B" Cement from 2160-2010
150 sx C1 "B" Cement from 800- 270
10 sx C1 "B" Cement from 10- Surface
Dry hole marker cemented into 9 5/8" casing 4' above GL

Subsurface Safety Valve: Manu. and Type None

18. I hereby certify that the foregoing is true and correct

SIGNED Kelley Eisenberg TITLE Engineering Assistant DATE March 19, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCCI

ACCEPTED FOR RECORD

APR 17 1980

